



**HR:**

Please submit an EJTA via the standard process to AMH. Questionnaire will not be reviewed until an EJTA has been received.

**Employee:**

Please complete (print), sign and return this questionnaire in the enclosed self-addressed stamped envelope to AdvanceMed Hanford (AMH).

The following information is medically confidential. It will be reviewed by medical personnel only and is not part of the employment process. The information is necessary to determine if an evaluation by an AMH medical examiner prior to your starting work is necessary.

If you have any questions, please feel free to call AMH at (509) 376-6251

Last Name:	First Name:	Middle Name:
Social Security Number: - -	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: / /

Are you currently under the care of a physician for any reason? ☐ No ☐ Yes If **yes**, please explain below

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Are you currently taking medications of any kind? ☐ No ☐ Yes If **yes**, please explain below

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Do you have any chronic or long-term medical conditions that you believe may interfere with your performing any of the duties of the job for which you are applying ? ☐ No ☐ Yes If **yes**, please explain below

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Have you had surgery in the past six months? ☐ No ☐ Yes If **yes**, please explain below

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Do you believe there are any accommodations that need to be made to allow you to perform the duties of the job for which you are applying? ☐ No ☐ Yes If **yes**, please explain below

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**The above information is complete to the best of my knowledge**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_